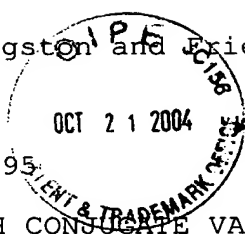


Applicant(s): Philip O. Livingston and Friedhelm Helling
 Serial No. : 08/196,154
 Filed : November 16, 1995
 For : GANGLIOSIDE-KLH CONJUGATE VACCINES WITH QS-21



COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

October 18, 2004

S I R:

Transmitted herewith is an amendment to the above identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND-MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | | FEE | |
|--|-------------------------|---|------------------------------------|---|----------------------------------|---|----------------------|--------------|---|--------------|--------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 20 | - | 32 | = | 0 | X | \$9 | \$18 | = | \$0 | \$0 |
| Indepen-dent Claims | 3 | - | 13 | = | 0 | X | \$44 | \$44 | = | \$0 | \$0 |
| Multiple Dependent Claim(s) Presented <u> </u> Yes <u> X </u> No | | | | | | | \$150 | \$300 | = | \$0 | \$0 |
| For First Time | | | | | | | TOTAL ADDITIONAL FEE | | | | |
| | | | | | | | \$0.00 | | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Applicants: Philip O. Livingston and Friedhelm Helling
Serial No.: 08/196,154
Filed : November 16, 1995

Amendment Transmittal Letter
Page Two

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

____ Please charge Deposit Account No. 03-3125 in the amount of \$____. Three copies of this sheet is enclosed.

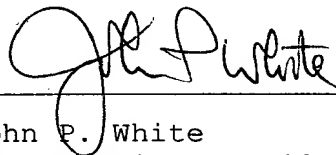
X A check in the amount of \$ 490.00 is enclosed, for a three-month extension of time.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

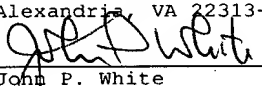
Respectfully submitted,



John P. White
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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Alexandria, VA 22313-1450


John P. White
Reg. No. 28,678

10/18/04
Date